

ATTACHMENT 1
State of Nebraska
Department of Health and Human Services Regulation and Licensure
Water Well Standards and Contractors' Licensing Board
P.O. Box 95007
Lincoln, NE 68509-5007
402/471-0546

(Print or Type)

STATE OF _____) AFFIDAVIT OF COMPLETION OF CONTINUING
) EDUCATION PROGRAMS
 COUNTY OF _____)

_____ being first duly sworn, deposes and says:
 (Name – Please print)

1. That he/she is the person completing this form.
2. That he/she lives at _____.
 (Street, P.O. Box, Route, etc.)
 _____,
 (City) (State) (Telephone Number)
3. That he/she holds a ____ license ____ certificate (check one) issued by the Department of Health and Human Services Regulation and Licensure, under the Nebraska Water Well Standards and Contractors' Licensing Act, Number _____.
4. That for the period between _____, 20____ and _____, 20____, he/she has completed the continuing education courses named below on the dates and at the locations described and for the number of hours set forth below:

PROGRAM NAME/PROVIDER	PROGRAM LOCATION	PROGRAM DATES	HOURS EARNED

5. That copies of all certificates or other evidence of completion provided by the program sponsor for each program listed in paragraph 4 are hereby attached and made a part hereof. (Enclose copies of all such documents with the filing of this affidavit.)

Further affiant saith not.

 (Signature)

Sworn to and subscribed before me on the _____ day of _____, 20____.

 NOTARY PUBLIC